

REPORT OF THE COMMITTEE ON HEALTH & HOSPITALS

July 14, 2010

The Honorable,
The Board of Commissioners of Cook County

ATTENDANCE

Present: Chairman Butler, Vice Chairman Goslin, Commissioners Beavers, Claypool, Collins, Daley, Gainer, Gorman, Moreno, Murphy, Peraica, Reyes, Schneider, Sims and Steele (15)

Absent: Commissioners Silvestri and Suffredin (2)

Also Present: Patrick Driscoll, Jr. – Deputy State's Attorney, Chief, Civil Actions Bureau; William Foley – Chief Executive Officer, Cook County Health & Hospitals System; Michael Ayres – Chief Financial Officer, Cook County Health & Hospitals System; Dr. Terry Mason – Chief Medical Officer for the Cook County Health & Hospitals System.

Ladies and Gentlemen:

Your Committee on Health & Hospitals of the Board of Commissioners of Cook County met pursuant to notice on Wednesday, July 14, 2010 at the hour of 11:00 A.M. in the Board Room, Room 569, County Building, 118 North Clark Street, Chicago, Illinois.

Chairman Butler acknowledged the presence of Chairman Warren Batts and the System Health Board members David Ansell, David Carvalho, Heather O'Donnell and Sister Sheila Lyne.

Chairman Butler informed the committee that the meeting will begin by having a presentation from William Foley, Chief Executive Officer, Cook County Health & Hospitals System.

Mr. Foley stated to the Committee that he was joined by Dr. Terry Mason, Chief Medical Officer for the Cook County Health & Hospitals System and Mr. Michael Ayres, Chief Financial Officer for the Cook County Health & Hospitals System. Mr. Foley thanked the Cook County Health & Hospitals Board of Directors for attending the meeting and for their support of the strategic plan.

Mr. Foley stated that this strategic plan calls for a fundamental redesign of the County Health System and it calls for a realignment of resources. On its own it is not a cost reduction plan; other initiatives are in place addressing increased efficiencies and cost reductions across the System. Mr. Foley stated what you will be able to see in the presentation is that this strategic plan is cost neutral; a major focus of the plan is enhancing access of their services to the patients and this is not possible unless the System Board realigns the resources that are currently in place. Further, Mr. Foley stated that this plan will be funded within the resources that the System Board currently has. In some areas of the Health System the plan calls for a discontinuation of services to allow the Health System to invest in other areas to expend access to services. In conclusion, Mr. Foley stated that this strategic plan is a growth plan and the System Board will demonstrate to the Commissioners that with the implementation of the plan the Health System will actually expand the ability to treat more outpatients, both primary care and specialty outpatients through the clinics and Health System by about 50% over five (5)

years. Mr. Foley informed the Committee that this plan does anticipate health reform, which was passed March 2010; this reform caused the Health System to take a step back and look at the plan and make sure that the Health System was positioning itself for health reform. Mr. Foley stated that the plan will not please everyone and the Health System had to make some tough decisions and choices in developing the plan. He believes that it is the best plan for the purposes that the Health System is trying to achieve in terms of expanding access for the services to the patients.

Mr. Foley gave the Committee an overview on the Vision 2015 Strategic Direction. The Health System has been working on the strategic plan for about 14 months; during the process he stated that he believes that they have engaged the various constituencies of the Health System within the County, within the Health System, and within the community, and that other providers have very engaged in the process. Mr. Foley informed the Committee that last summer the Health System conducted seven (7) town hall meetings that were scheduled across the County geographically in order to achieve the most participation in attendance. At the town hall meetings individuals were not only allowed to provide their input but also had surveys and questionnaires that were distributed and the Health System Board was able to receive a lot of input and information. The first round of town hall meetings were held to ask the public what their perceptions were of the Health System in order to assist the Health System Board in developing the strategies in the plan. The second round of town hall meetings occurred in the fall, when the System Health Board presented the preliminary plan and strategies, and received a significant input again at the meetings.

Mr. Foley informed the Committee that the strategic plan was approved by the Health System Board in June and it is now before the Cook County Commissioners today. Early on in the process the System Health Board did a detailed assessment of the County's market demographic analysis to identify where the healthcare needs are throughout the County. Mr. Foley stated that there are significant unmet needs that exist throughout the County; there are large disparities in access to healthcare in the location of healthcare services. The System Board's resources are disproportionately centered on the inpatient environment and cannot sustain the current service delivery model based on the changes in healthcare. The cost structure requires significant realignment in order to drive efficiency. (See Attachment A).

Chairman Butler stated that the written statements should be entered into the record.

Chairman Butler asked the Secretary to the Board to call upon the registered public speakers, in accordance with Cook County Code, Sec. 2-108(dd):

1. Laurence Msall, President, Civic Federation
2. Dr. Quentin Young, Chairman, Health and Medicine Policy Research Group
3. Victoria Bigelow, President, Access to Care
4. Dr. Enrique Martinez, Interim Chief Operating Officer, ACHN
5. Dr. Richard Keen, Chair, Surgery, CCHHS
6. Christine Boardman, President, SEIU Local 73
7. John Cameron, Director of Political Relations, AFSCME
8. Betty Boles, Vice President, SEIU Local 73
9. Leslie Curtis, Midwest Director, National Nurses Organizing Committee
10. Batu Shakari, Registered Nurse, John H. Stroger, Jr. Hospital
11. Carl Wolf, Community Organizer, Respond Now
12. George Blakemore, Concerned Citizen

13. Elizabeth Watson, Concerned Citizen
14. Joyce Edmund, Concerned Citizen
15. Lee Mayberry, Concerned Citizen
16. Dr. Charles E. Williams, Concerned Citizen
17. Brenda Langford, President, National Nurses Organizing Committee
18. Dorothy Ahmad, Registered Nurse
19. Denise Myles, Registered Nurse, National Nurses Organizing Committee
20. Mary Michalowicz, Concerned Citizen
21. Mary Collins, Concerned Citizen
22. Rose Stapleton, 1st Vice President, AFSCME

WRITTEN STATEMENT ONLY

1. Dr. Fidel Abrego, Department of Obstetrics/Gynecology, CCHHS
2. Dr. Leon Fogelfeld, Chair, Division of Endocrinology, CCHHS/RUMc
3. Dr. Larry Goodman, President and CEO, Rush University Medical Center
4. John Peller, Director of Government Relations, AIDS Foundation of Chicago
5. Reuben J. Pettiford, Chief Executive Officer, Family Christian Health Center
6. Richard M. Jaffee, Chairman, Rush University Medical Center
7. Donna Thompson, Chief Executive Officer, Access Community Health Network
8. Wayne M. Lerner, President and CEO, Holy Cross Hospital
9. Carmen Velasquez, Founder and Director, Alivio Medical Center

RECORD OF APPEARANCE ONLY

1. Pastor Jeffrey Mullins, Healthcare Consortium of Illinois

Commissioner Daley asked if Dr. Mason or Mr. Foley would respond to the concerns that were voiced by the various speakers.

Mr. Foley stated that the System Health Board believes that with the new plan more patients can be seen. The outpatient capacity at Oak Forest Hospital will increase by more than four (4) times.

Commissioner Daley stated that he shares Mr. Foley's concern and agrees that the strategic plan is very good; he has always supported the healthcare budget. Further, Commissioner Daley stated that he is concerned about the money; he asked Mr. Foley if he was confident based upon the votes that the System Health Board would have support to bond this.

Mr. Foley stated that the System Health Board needs those capital dollars to build and expand the regional outpatient centers and clinics, and for the investment in IT which is a large part of the capital plan.

Commissioner Sims inquired as to whether the System Health Board had applied for the (CON) Certificate of Need.

Mr. Foley responded that the strategic plan needed to be approved prior to going to the State and applying for any kind of Certificate of Need. Services can be suspended by notifying the State without a Certificate of Need, which is another alternative that the System Health Board is looking at. In terms of acquiring an official Certificate of Need from the State at this point the System Health Board would not do that until they had an approved strategic plan.

David Carvalho, System Health Board Member, responded that a Certificate of Need is not necessary to reduce beds, but a Certificate of Need is needed to add beds and to eliminate beds. But if you reduce beds within the parameters that they are referring to it would be fine. However, the important point here is that this is not the implementation plan that was presented to the Commissioners, this is the vision.

Your Committee has considered the following item and upon adoption of this report, the recommendation is as follows:

307672 COOK COUNTY HEALTH & HOSPITALS SYSTEM, HEALTH SYSTEM'S FIVE YEAR STRATEGIC AND FINANCIAL PLAN. Transmitting a Communication from Warren L. Batts, Chairman, and William T. Foley, Chief Executive Officer:

Pursuant to the Ordinance establishing the Cook County Health & Hospitals System, the Board of Directors of the Health System respectfully submits the Health System's Five-Year Strategic and Financial Plan to the Cook County Board of Commissioners for its approval.

The Health System began the planning process for its Five-Year Strategic and Financial Plan in May of 2009. This process entailed extensive community input and participation from a variety of stakeholders. At the outset of the process, as well as while the Plan evolved, the Health System conducted a series of Town Hall meetings for the public throughout the County. The Health System also held a series of employee, staff and physician Town Hall meetings at various System Affiliates. In addition, over 500 patients and other stakeholders were interviewed regarding their assessment of the County's healthcare needs and the Health System's current state.

System leadership and staff have been closely involved in all phases of the planning process. Physicians and staff participated in four (4) Service Line Working Groups established to make recommendations on the configuration of the delivery of healthcare services in critical areas.

The Five-Year Strategic and Financial Plan presented for the County Board's approval is the culmination of this collaborative process. The ultimate goal of the Plan is to provide more access and more care within available resources. The guiding principle of the planning process was to create a healthcare delivery framework to provide for more appropriate access to care for the vulnerable population in Cook County within available resources.

In support of the Health System's mission, the vision of the Five-Year Strategic and Financial Plan is that the Health System will be recognized locally, regionally, and nationally – and by patients and employees – as a progressively evolving model for an accessible, integrated, patient-centered, and fiscally responsible

healthcare system focused on assuring high quality care and improving the health of residents of Cook County.

The Ordinance establishing the Health System provides that the County Board shall approve each Strategic and Financial Plan if, in its judgment, the Strategic and Financial Plan is complete, is reasonably capable of being achieved, and meets the requirements set forth in the Ordinance. After the System Board submits a Strategic and Financial Plan to the President and the County Board, the County Board shall approve or reject such Strategic and Financial Plan within 45 days or such Strategic and Financial Plan is deemed approved.

The Health System Board respectfully requests that this item be referred to the Health & Hospitals Committee.

***Referred to the Committee on Health & Hospitals on 07-13-10.**

Commissioner Beavers moved to Defer (Comm. No. 307672), seconded by Commissioner Murphy. Commissioner Peraica called for a Roll Call, the vote of yeas and nays being as follows:

**ROLL CALL ON MOTION TO DEFER
COMMUNICATION NO. 307672**

Yeas: Commissioners Beavers, Murphy and Sims (3)

Nays: Chairman Butler, Vice Chairman Goslin, Commissioners Claypool, Daley, Gainer, Gorman, Peraica, Reyes and Schneider (9)

Absent: Commissioners Collins, Moreno, Silvestri, Steele and Suffredin (5)

The motion to Defer (Comm. No. 307672) FAILED.

Commissioner Peraica moved approval of (Comm. No. 307672), seconded by Commissioner Gorman. Commissioner Peraica called for a Roll Call, the vote of yeas and nays being as follows:

**ROLL CALL ON MOTION TO APPROVE
COMMUNICATION NO. 307672**

Yeas: Chairman Butler, Vice Chairman Goslin, Commissioners Claypool, Daley, Gainer, Gorman, Peraica, Reyes and Schneider (9)

Nays: Commissioners Beavers, Murphy and Sims (3)

Absent: Commissioners Collins, Moreno, Silvestri, Steele and Suffredin (5)

The motion to approve (Comm. No. 307672) CARRIED.

Commissioner Peraica moved to reconsider the vote by which (Comm. No. 307672) was approved, seconded by Commissioner Daley. A Roll Call Vote was taken, the vote of yeas and nays being as follows:

**ROLL CALL ON MOTION TO RECONSIDER
COMMUNICATION NO. 307672**

Yeas: Commissioners Beavers, Murphy and Sims (3)

Nays: Chairman Butler, Vice Chairman Goslin, Commissioners Claypool, Daley, Gainer, Gorman, Peraica, Reyes and Schneider (9)

Absent: Commissioners Collins, Moreno, Silvestri, Steele and Suffredin (5)

The motion to Reconsider FAILED, and Communication No. 307672 was approved.

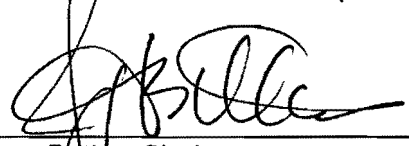
Commissioner Peraica moved to adjourn the meeting, seconded by Commissioner Daley. The motion carried and the meeting was adjourned.

**YOUR COMMITTEE RECOMMENDS THE FOLLOWING ACTIONS
WITH REGARD TO THE MATTERS NAMED HEREIN:**

Communication Number 307672

Approved

Respectfully submitted,
Committee on Health & Hospitals


Jerry Butler, Chairman

Attest:


Matthew B. DeLeon, Secretary

** The audio recording for this meeting is available from the Office of the Secretary to the Board, 118 North Clark Street, Room 567, Chicago, IL 60602.

ATTACHMENT A

VISION 2015

Strategic Direction

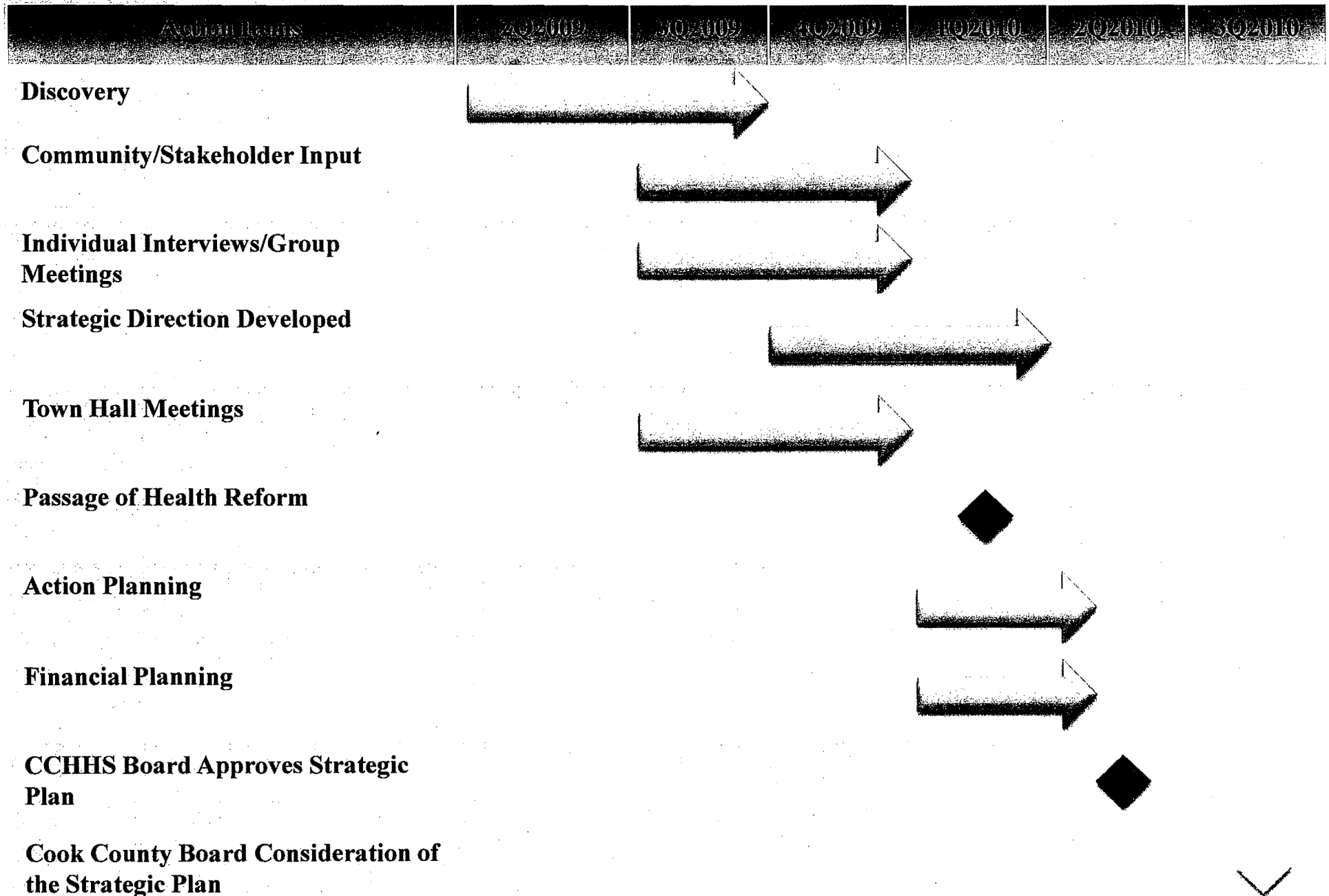
July 2010

Presented by:

William T. Foley
Chief Executive Officer



Process Timeline



Current State Assessment

- Significant **unmet** healthcare **needs**.
- Large **disparities** in **access** to healthcare and **location** of healthcare services.
- System resources are **disproportionately centered** around inpatient environment.
- **Can not sustain** current service delivery model in the changing environment.
- **Cost structure** requires significant **realignment** to drive efficiency.



CCHHS Uninsured vs. Other Hospitals

Rank	Hospital Provider	Est. Cost of Care to Uninsured
1	<i>CCHHS Hospitals</i>	\$ 496,500,000
2	OSF Saint Francis Medical Center	\$ 32,474,000
3	Mount Sinai Hospital	\$ 30,266,000
4	Advocate Christ Medical Center	\$ 28,085,000
5	Advocate Illinois Masonic Med. Ctr.	\$ 20,833,000
6	Ingalls Memorial Hospital	\$ 19,239,000
7	University of Chicago Hospitals	\$ 17,593,000
8	Mercy Hospital & Medical Center	\$ 11,862,000
9	Norwegian-American Hospital	\$ 11,748,000
10	St. Francis Hospital & Hlth. Ctr.	\$ 11,625,000
11	Holy Cross Hospital	\$ 11,504,000
12	Saint Mary of Nazareth Hosp. Ctr.	\$ 10,037,000






Disparities in Access

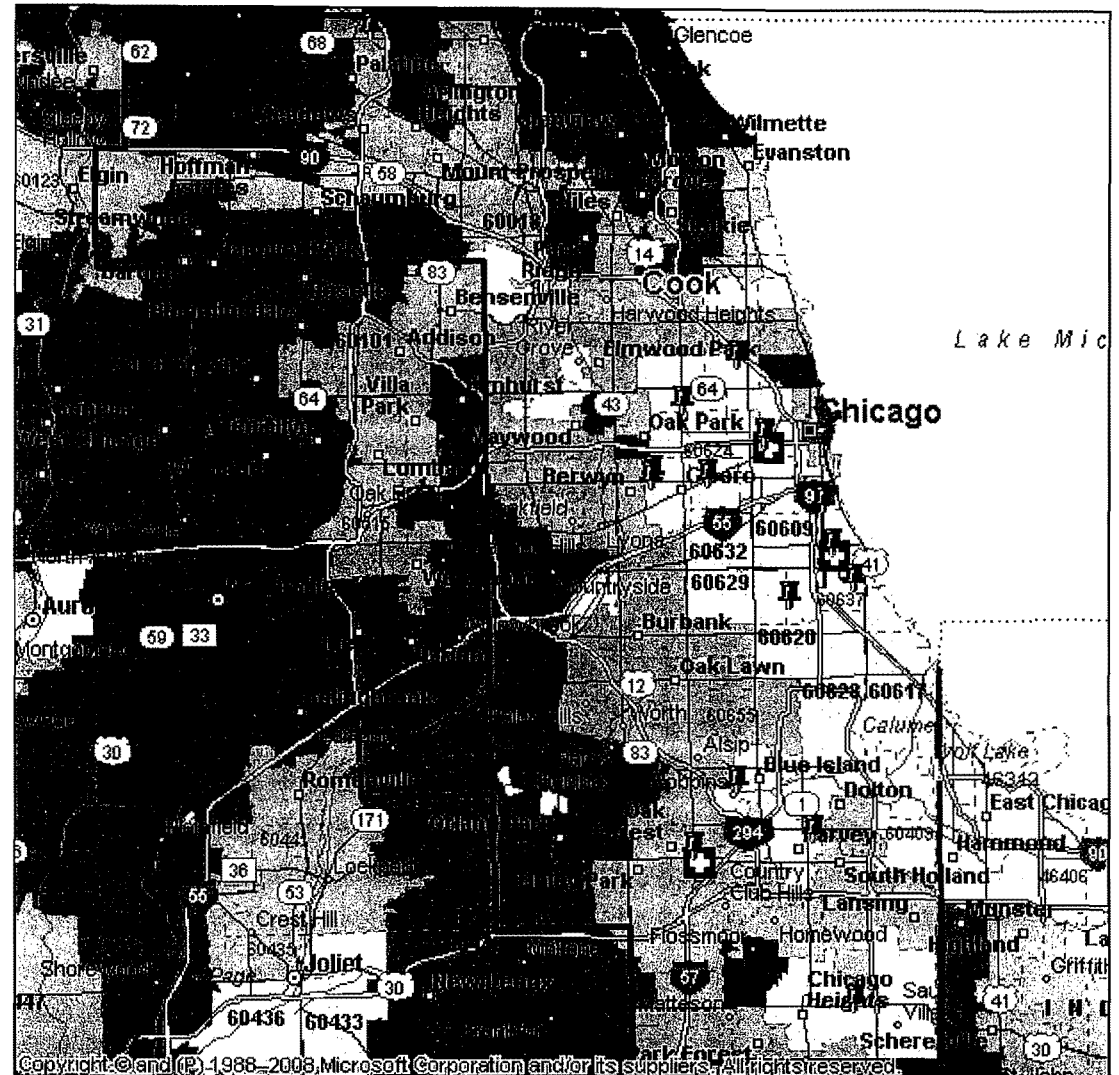
CCHHS access points are not aligned with the poorer parts of the county, many of which have seen considerable population migration

CCHHS Locations and Median Household Income by ZIP Code

-  ACHN Locations
-  Hospitals

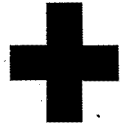
Median HH Income (2007)

-  \$100,000 to \$500,000
-  \$75,000 to \$99,999
-  \$50,000 to \$74,999
-  \$25,000 to \$49,999
-  \$0 to \$24,999



Sources: CCHHS; Microsoft MapPoint data

The Impact of Healthcare Reform for CCHHS



- Fewer uninsured and underinsured.
- Increase in available healthcare dollars.

- There will remain a significant patient population with no insurance coverage.
- Declining federal funding.
- Increasing numbers of patients will have a choice.

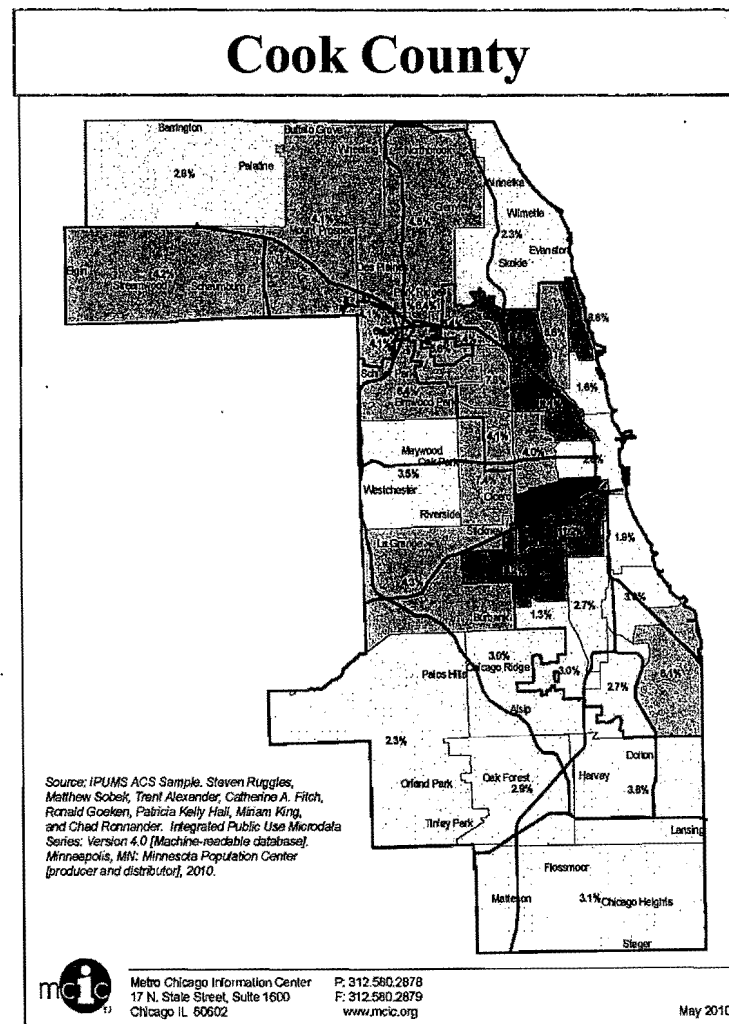
The Impact of Healthcare Reform

Pre-Reform:

850,000+ Uninsured

Post-Reform:

225,000+ Uninsured



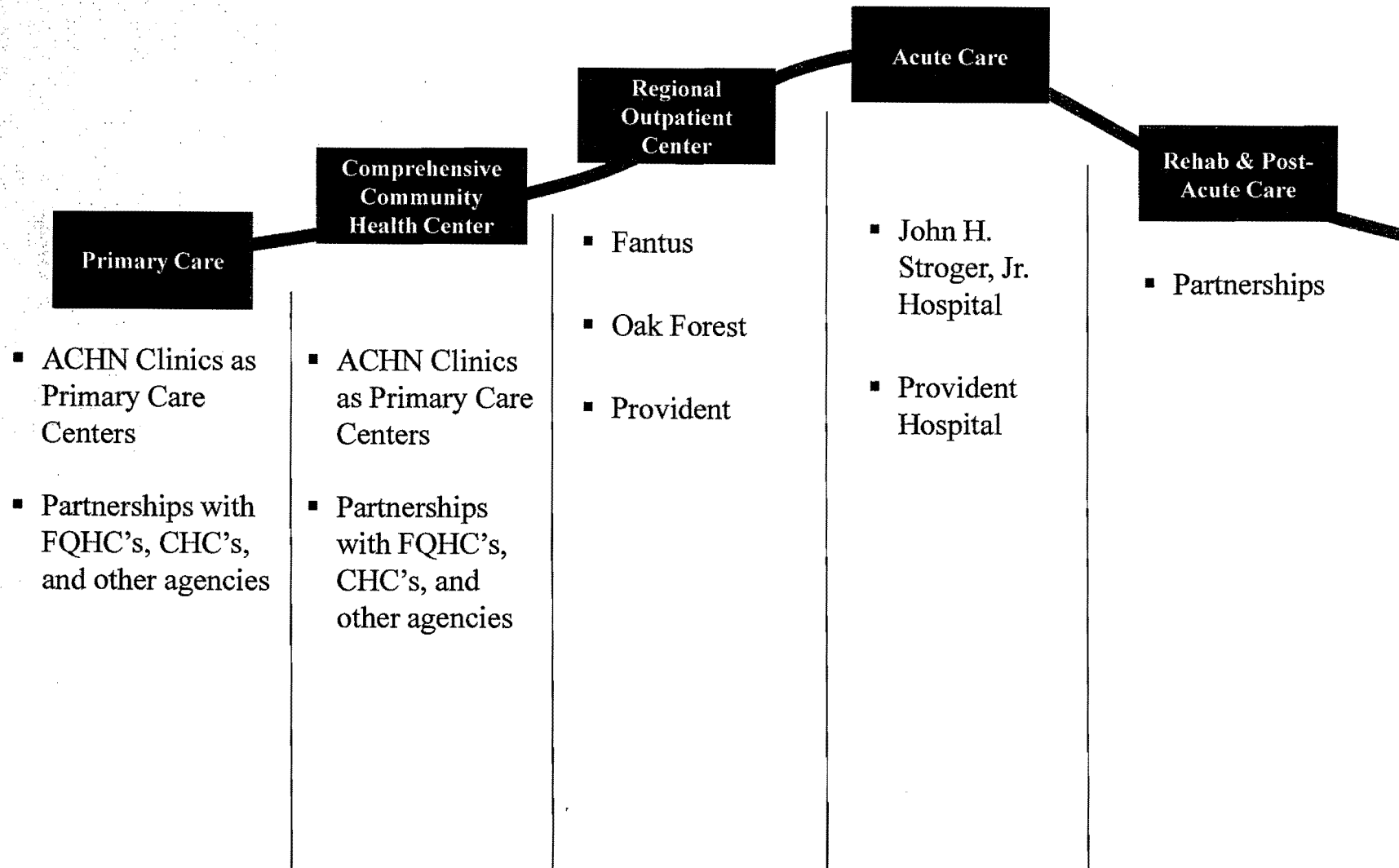
GUIDING PRINCIPLES

- Shift to a **population-centered** vs. hospital-centered health delivery model.
- Enhance **accessibility** to services.
- **Align service delivery with population demand** for services.
- Build **specialty care** capability to fulfill **unmet needs**.
- Extend primary care services through **partnerships**.
- Provide **quality-cost effective** healthcare.
- Focus on **service excellence**, employee satisfaction, and leadership development.
- Strengthen CCHHS **image** in the market.

Core Goals

- I. Access to Health Services**
- II. Quality, Service Excellence, and Cultural Competence**
- III. Service Line Strength**
- IV. Staff Development**
- V. Leadership Stewardship**

CCHHS Facilities



Expanded Outpatient Locations

Ambulatory Community Health Network

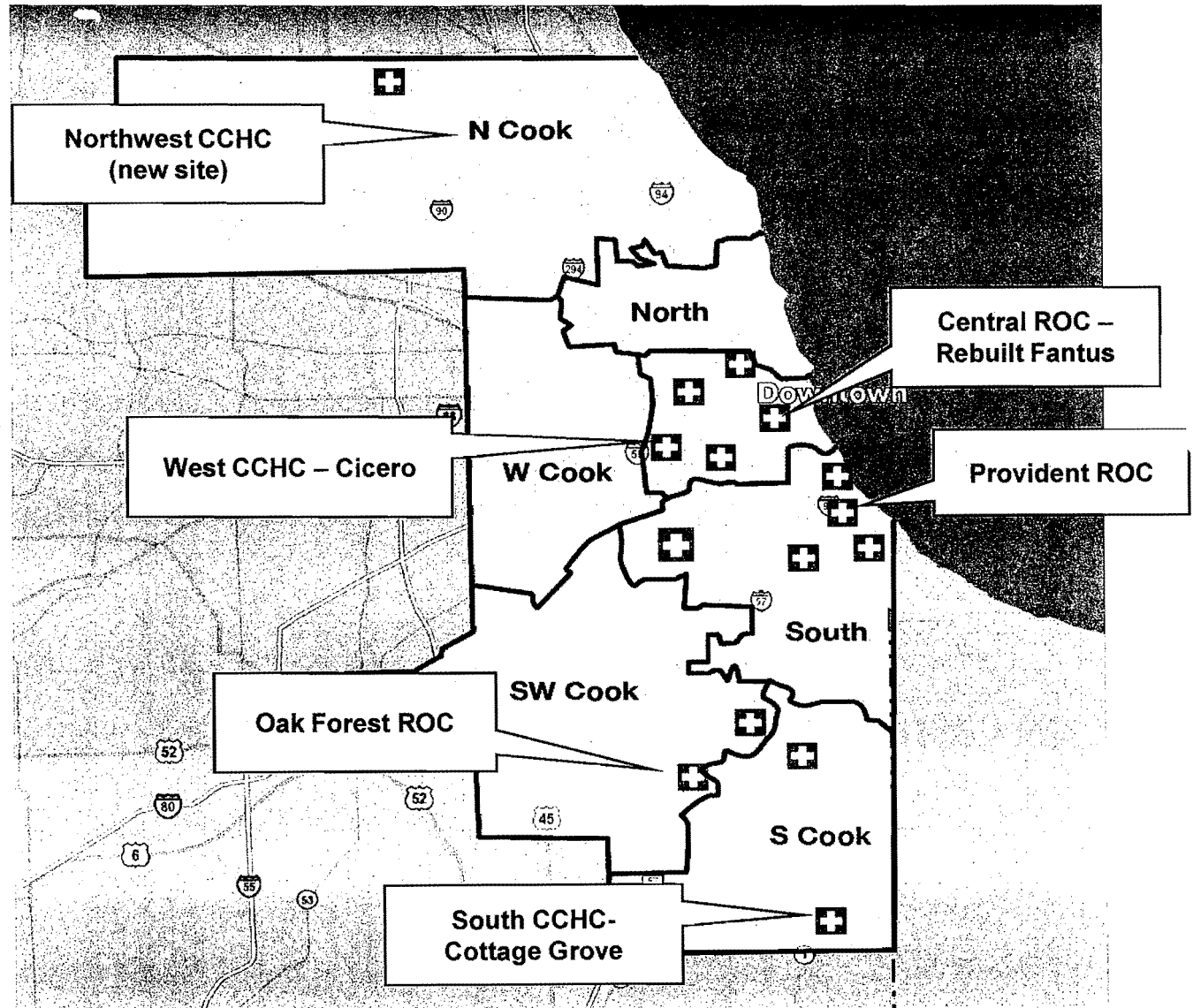
 ACHN Sites

Comprehensive Community Health Center

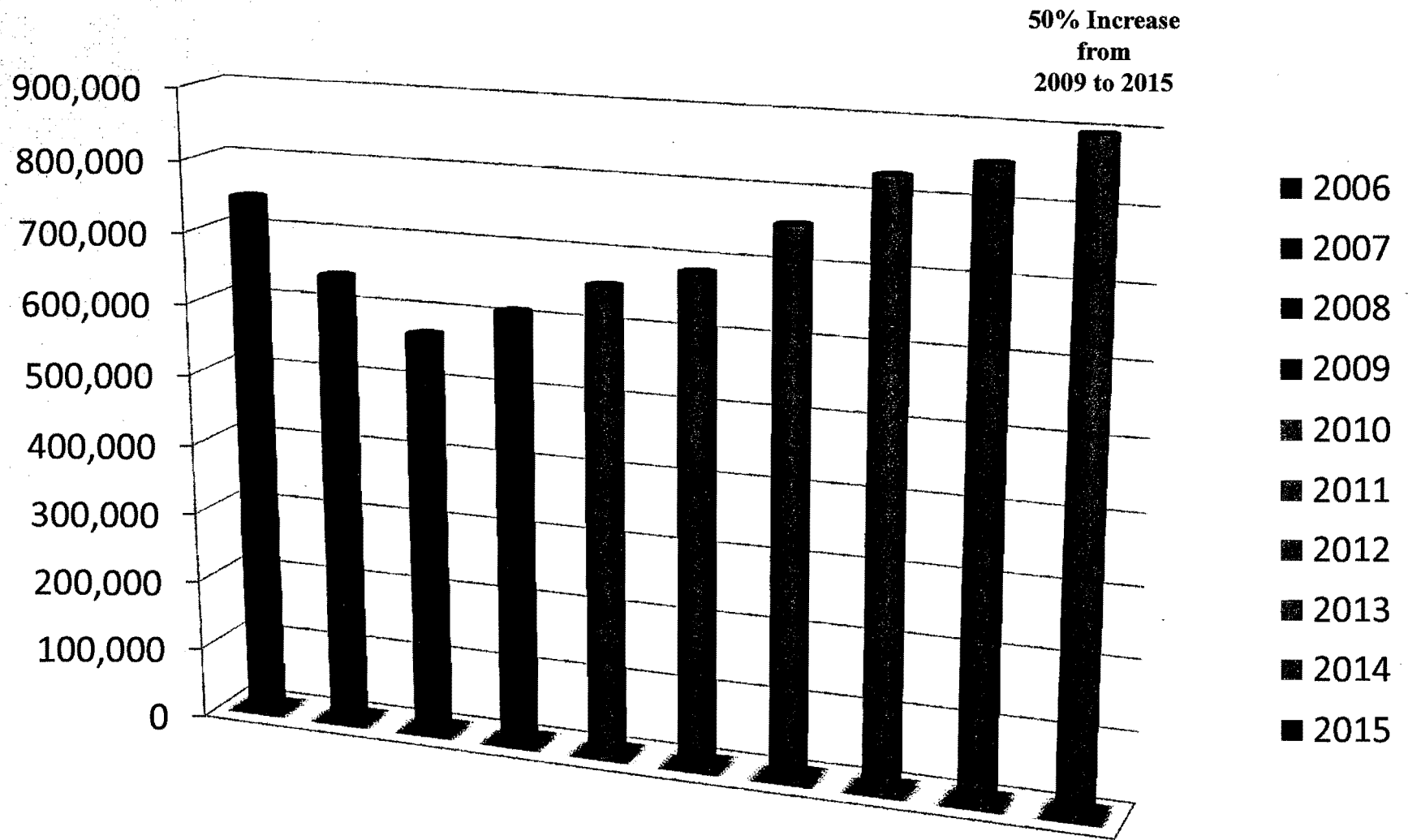
CCHC

Regional Outpatient Center

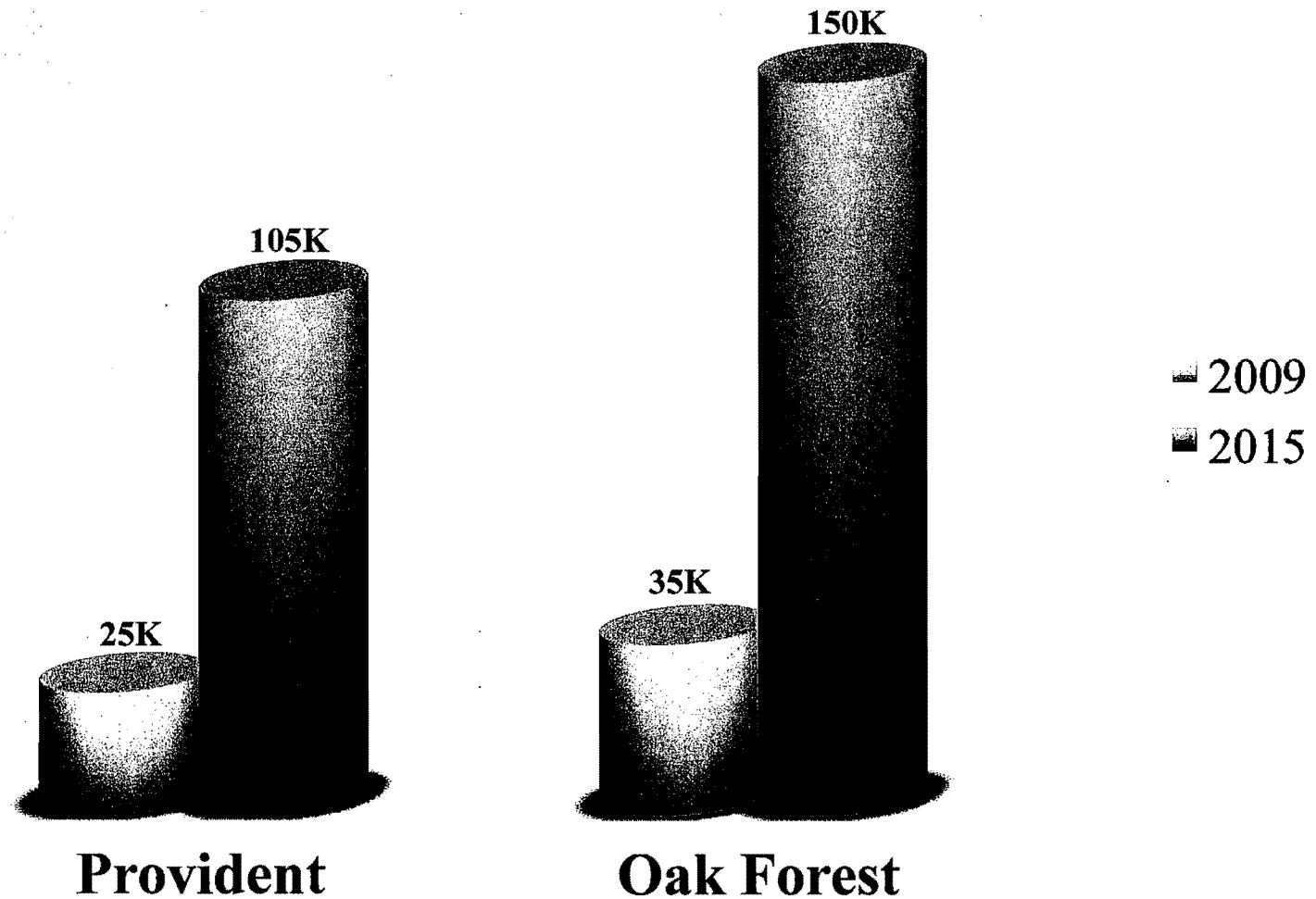
ROC



Forecast for Primary Care and Specialty Care Visits 2006 – 2015



Forecast Growth of Primary Care and Specialty Care Visits at Provident and Oak Forest



Redistribution of Annual Operating Cash

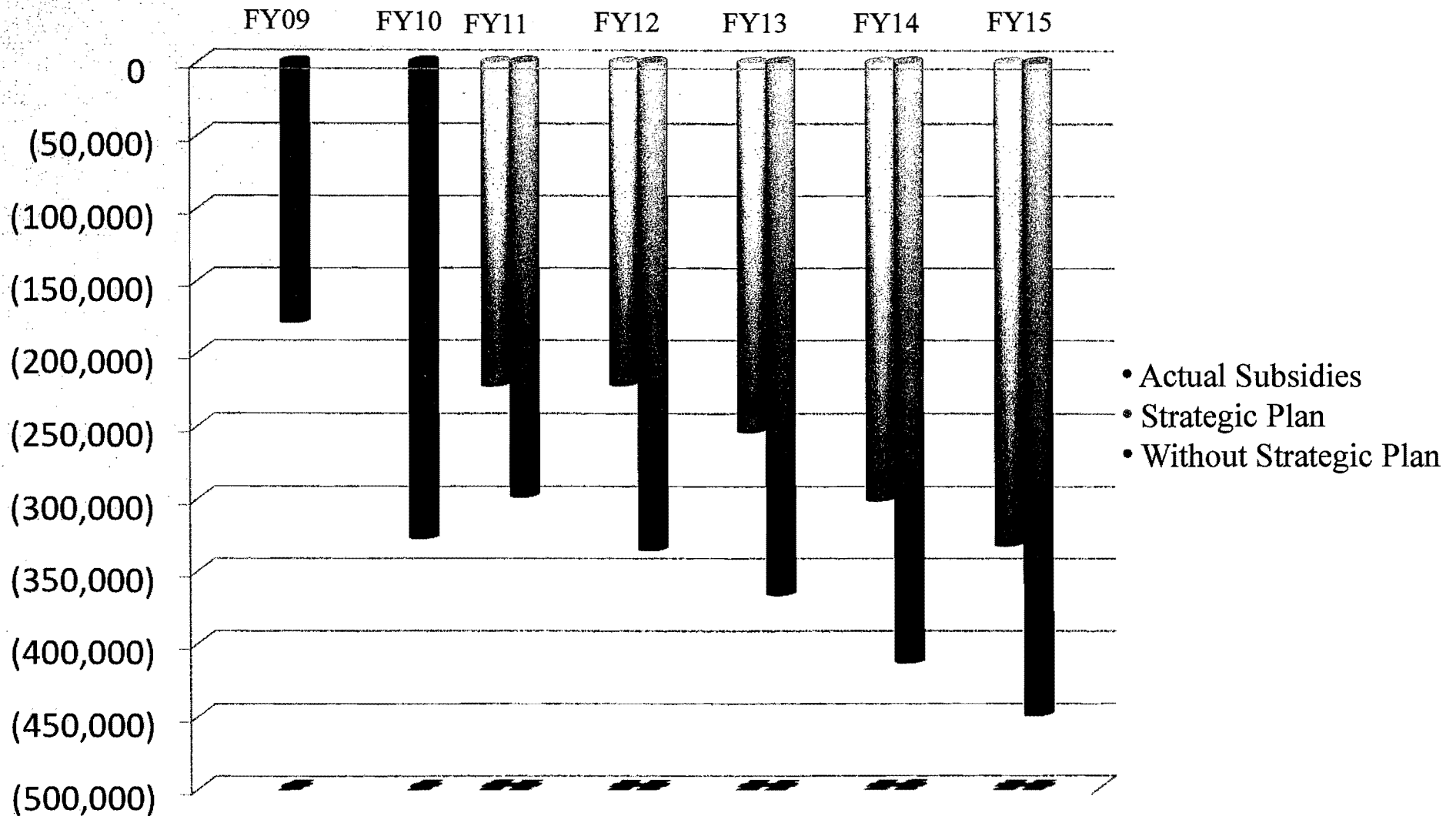
Cash Savings from Operations

Oak Forest	\$55M
Provident	\$17M
Total Savings	\$72M

Investments in Reconfigured Operations

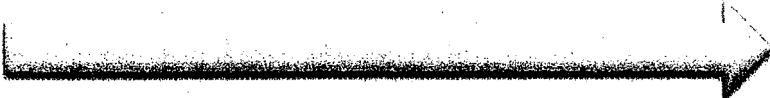

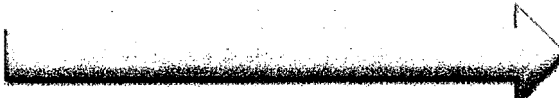
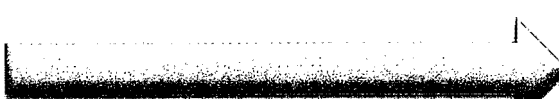


(\$40M)	Outpatient Services
(\$23M)	Enhance Service Lines/Infrastructure
(\$9M)	Build/Strengthening Partnerships
<u>(\$72M)</u>	Total Investments

County Subsidies 2009 - 2015 (in millions)*



* Subsidies do not include the following indirect costs: Workers Compensation, Malpractice Insurance, Self-Insurance Settlements, Pension, Debt Service Charges.

Strategic Capital Requirements 2011 - 2015

Capital Cost	\$	2011	2012	2013	2014	2015
IT Infrastructure	\$57.4M					
Fantus Rebuild	\$92M					
PC clinic expansion/upgrade	\$9M					
CCHC clinic expansion/upgrade	\$13M					
Provident restructuring	\$12M					
Oak Forest redevelopment	\$19M					
Forecasted Strategic Capital Requirements	\$202.4M					

Expected Benefits

- **Improved Access to Healthcare Services**
- **Improved Customer Service/Patient Satisfaction**
- **Growth in Services to 900K Outpatient Visits by 2015**
- **Accountable and Patient Focused Workforce**
- **Performance Driven Leadership**
- **Improved Infrastructure**

ORAL TESTIMONY

(2)

I am Quentin Young, Chairman of the Health and Medicine Policy Research Group. I also trained in internal medicine at Cook County Hospital in the 1950s and was chairman of the Department of Medicine for the decade of the 1970s. Since then I have been the leader of Health and Medicine, an organization that has been committed for 30 years to supporting policies that help the county health system fulfill its mission of serving all in need in the county.

This strategic plan, in our opinion, is meritorious because it makes a commitment to basic primary care services throughout our large County at a time when the economy and particularly the health care economy threatens the funding mechanism of the county health system.

It is a truism of medicine that primary care prevention is superior medically and economically to in-hospital care, no matter how effective. This plan recognizes this principle and builds on a primary care/ prevention foundation and recognizes the scarcity of specialty services across the county. Therefore this strategy requires solid relationships with inpatient partners in the private sector. These partnerships must be in place before any closures of services are implemented.

The strategic plan places emphasis on developing staff, developing leadership and seeks to improve patient satisfaction. As health reform unfolds these elements will be essential to the County Health system's ability to participate in the new national environment.

We urge that the Cook County Board of Commissioners endorse this broad strategic plan. This will lay the foundation for the future developments and changes needed to ensure a health safety net for the people of Cook County.



2225 Enterprise Drive ■ Suite 2507 ■ Westchester, Illinois 60154
(708) 531-0680 ■ FAX (708) 531-0686 ■ www.accesstocare.org

I am Victoria Bigelow, President of the Access to Care program. I am here to testify in favor of the Cook County Health & Hospitals System Strategic Plan.

The reason we at Access to Care favor the plan is that it reflects the Access to Care philosophy of decentralization. The Plan is a way to get more services to the communities rather than centralizing them all at Stroger Hospital. We particularly like the Regional Outpatient Centers which have several locations in the suburbs. Cook County is a big place and the effort to bring specialty care to the Regional Outpatient Centers is much appreciated.

Cook County is limited in the number of sites that it can put in place. The Plan involves relationships with private providers who have deeper reaches into suburban areas than the county can reasonably go. We favor these partnerships as well, and hope to be included in their number. Convenient, affordable, local care is the key requirement in the majority of cases, which obviates the need for emergency or even specialty care. This is how Access to Care helps the county now, and how it hopes to in the future.

Suburban Primary Health Care Council*

* A not-for-profit organization founded by: the Community and Economic Development Association of Cook County, Inc.; the Cook County Department of Public Health; the Northwest Suburban Cook County Health Care Task force; and the Park Forest Health Department.

A United Way Agency



Stronger Together

SERVICE EMPLOYEES
INTERNATIONAL UNION
LOCAL 73
www.seiu73.org

CHRISTINE BOARDMAN
President

MATT BRANDON
Secretary-Treasurer

BETTY BOLES
Vice President

DALE HILLIER
Vice President

TIM McDONALD
Vice President

TAALIB-DIN ZIYAD
Vice President

PHIL MARTINI
Vice President

MARK McQUEEN
Recording Secretary

CHICAGO
300 South Ashland Avenue
Suite 400
Chicago, IL 60607-2884
312.787-5868
Fax: 312.337-7768

SPRINGFIELD
600 South Fourth Street
Springfield, IL 62703-1641
217.522-1182
Fax: 217.522-9183

ELGIN
2400 Big Timber Road
Building B, Suite 101
Elgin, IL 60124-7811
847.742-2825
Fax: 847.742-0212

CHAMPAIGN/URBANA
1606 Willow View Road
Suite 2A
Urbana, IL 61802-7446
217.328-7509
Fax: 217.328-2040

GARY, INDIANA
3750 Hayes
Gary, IN 46408-2025
219.884-4901
Fax: 219.884-1821

#6

Statement to the Health & Hospital Committee
of the Cook County Board of Commissioners

Good morning. My name is Christine Boardman and I am the President of SEIU Local 73. We represent approximately 1500 members that work in many capacities from service and maintenance to professional within the Cook County Health and Hospital System.

At the outset, let me state that I believe the general direction of the Strategic Plan as approved by the Cook County Health & Hospital Board is generally the correct direction given the current economics and the passage of the federal Health Care Reform Act.

I also believe that William Foley and Tony Tedeschi are doing a good job in trying to rapidly readjust our public health system to meet our current economic realities.

However, I also believe that there are some flaws and omissions of the Strategic Plan that must be addressed.

1. The current Strategic Plan does not adequately address the opportunities that also exist for additional income streams from the Federal government. 15 billion dollars has been allocated to FQHCs (Federal Qualified Health Centers) across our country. Our current ACHN clinic system of 16 clinics are not FQHC qualified although many of them were in previous years. This could easily be remedied by reauthorizing them as FQHC's which could be done even under the current Board structure. The Strategic Plan addresses outside partnerships, but fails to look at the opportunities within. This must and can be remedied & I strongly recommend that this be immediately reviewed before final approval of the Strategic Plan.
2. The fact that the Southland community, which is principally African American and Latino, is a desert, and devoid of even other FQHCs, when it comes to the uninsured and poor but Medicaid qualified population. Closure of the Emergency Room at Oak Forest Hospital will drive away potential future clients of the CCHHS. It is possible to move to the outpatient primary care model, even as a smaller Emergency Room is still available to those in need. We are not talking about a Level 1 Trauma center, but an Emergency Room that can easily address the immediate problems of immediate ambulatory health care problems.

3. The physical limitations of Oak Forest Hospital are drastically exaggerated. We strongly believe that closure of the Emergency Room at Oak Forest Hospital does more to take away from the mission and direction of the Strategic Plan and we ask that the plan be modified to keep the Emergency Room open with a small number of short stay beds similar to the plan for Provident Hospital.
4. The Strategic Plan calls for contracting out physical rehab work that is currently performed at Oak Forest hospital. The cost of this move is equivalent to what it would take to keep that work in house. We call upon you to keep that physical rehab work in place at Oak Forest rather than expend it on an outside agency. Again this kind of physical rehab work helps build the outpatient enrollment for the CCHHS.
5. The Strategic Plan lacks any concrete direction for how to utilize the current patient and client base as the foundation to growing the population that would utilize the Cook County Health and Hospital System as its primary care facility. This matter can also be easily remedied by the Hospital Board, but a failure to address this will only deprive those who need healthcare the most. Health Care reform will not provide health insurance to the largest group of 32 million people nationwide until 2014. It means that we would be abandoning the mission of the Hospital system and in the future deprive it of an insured patient base when those patients and clients do receive basic health insurance.

I urge you to consider these issues and call upon the Board to amend their plan prior to full passage of the Strategic Plan. Thank you for your attention.



#7

Executive Director

Henry Bayer

Executive Vice Presidents

Lori Laidlaw

Dorinda Miller

Yolanda Sims

Carmin Willis-Goodloe

Secretary

Barney Franklin

Treasurer

Sam Rossi

Executive Board

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Darlene Banks

Garry Cacciapaglia

Gary Caccio

Randy Dominic

Robert Fanti

Larry Flynn

David Ford

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Randy Hellmann

Kevin Johnson

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Kathy Lane

Tom Minick

10/09

**Testimony of
John D. Cameron
Director of Political and Community Relations
AFSCME Council 31
before the Health & Hospitals Committee
Cook County Board of Commissioner
July 14, 2010**

AFSCME Council 31 represents more than 1200 employees working in the Cook County Health and Hospital Systems. We have long advocated for a comprehensive system of care that employs prevention and community services. As many of you know, we were very active in moving the ordinance that created the CCHHS board and mandated this planning process.

We are very pleased that the board has taken it so seriously and agree with many aspects of the plan before you today. We welcome the commitment to expand out-patient services across the county as well as the focus on improving patient satisfaction at county health facilities.

However, there are fundamental questions raised by the plan that remain unanswered and risk the services and health care currently being provided by the systems.

Fundamentally, we believe the strategic direction for the systems must be about expanding access to health care, not curtailing it. The proposals to close in-patient services at Oak Forest Hospital and reduce them at Provident raise troubling issues of how county residents will be better served:

- Can the relatively small budgetary savings projected to be saved by those closures – less than 4% of the systems' operating expenses – justify the disruption and restricted access for folks in the county's most medically-underserved area?
- Will the already overburdened community hospitals in the Southland area be able to provide for even more uninsured patients?
- Does it make sense to expect those in south Cook County near Oak Forest to travel an additional 26 miles for hospital care, a trip that often takes as much as an hour by car and more than an hour and a half for those reliant on public transportation?

Shifting Oak Forest's rehab unit to private providers saves no money whatsoever in this plan; it simply privatizes public work. At the same time it raises questions

about access and quality, as many former Oak Forest patients ended up in substandard nursing homes when long-term care was cut in 2007.

Given the many uncertainties facing the county system, like the impact of national health care reforms, many other financial assumptions inherent in the plan are also open to serious challenge.

It may well be that maintaining a level of in-patient and emergency services at Oak Forest would both enhance access to care and bring additional dollars to the systems from Medicaid and Medicare.

We would ask county commissioners to reject the strategic plan today and urge health systems officials to work closely with community and labor stakeholders to resolve these important outstanding questions, and then bring a reformulated proposal back to county board in September.

We believe such an approach would better meet the vision and core goals outlined at the beginning of the strategic plan, as well as the systems' essential mission to deliver integrated health services with dignity and respect regardless of a patient's ability to pay.

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STATEMENT OF DOCTORS COUNCIL SEIU
COOK COUNTY HEALTH AND HOSPITALS COMMITTEE
JULY 14, 2010

Good Morning, Commissioners and Chairman Butler. On behalf of the Doctors Council SEIU we urge the County Commissioners to consider the consequences of certain parts of the Strategic Plan that is before you.

We as physicians want to treat as many patients as possible and there is a great need on the South side and in the Southland community. We think it is a good idea to increase outpatient access to County services, but we are gravely concerned about the decision to close inpatient services at Oak Forest Hospital and at Provident. We believe it is short-sighted, and that if you close the doors to the inpatients, you will be closing the doors to many patients who would normally come to our hospitals and bring Medicaid revenue. Many of the people who come through our Emergency Room need to be admitted and eventually will need follow-up care. This is disrupted if they are shipped up to Stroger or to some other hospital that may not want them.

As front line doctors, we know that our patients need a medical home, and when you interrupt one part of that care, such as the inpatient services or ICU, you can lose patients who will then go somewhere else, especially when they have the choice. Many of these patients simply will not come back. Why not maintain a short-stay unit that will ensure that the patient stays in the system? We also ask, how much will it cost to ship patients elsewhere and transfer them out? We are also concerned that the \$50 million being spent on a consulting agreement is not a good use of resources.

We would like to be involved in the decision-making concerning the Strategic Plan. We can be partners, but we need to be consulted at every level, because we know what our patients need.

We hope the Cook County Commissioners will raise these issues in considering this plan. We want the best possible care for our patients and hope we can help bring that about.

#14

We have wait & have
for a bed in the last
3 months. Rooms are filled

Good Afternoon,

My name is Joyce Edmond and I am speaking on behalf of my mother, myself and the community. My mother is an 83 year old MDS patient, a rare blood disease, which she was diagnosed with 7 years ago at Oak Forest Hospital. Because of the severity of the disease she has to be admitted to the hospital every 4 weeks for a blood transfusion. She also has to go through the emergency room at times for other health issues that arise. If Oak Forest was to close the emergency room and in-patient care, it would be a disaster. How could you transport an elderly woman who could barely sit up from the south suburbs all the way to the west side of Chicago. Then once you get there have more than a 28 hour wait to see a doctor.

If you would just for a moment imagine that you were sick and in terrible pain trying to catch several buses to get to Stroger hospital – how do you think you would feel? This is not just a dilemma for my mother but for all the people in the south suburb who have no place to go but Oak Forest. So, I present the question to you – Is Oak Forest in-patient care needed—Yes it is.

Thank you for your time.

HELLO. MY NAME IS DOROTHY AHMAD. I HAVE BEEN A REGISTERED NURSE FOR MORE THAN 20 YEARS. I HAVE WORKED AS A CRITICAL CARE NURSE IN THE CORONARY CARE UNIT AT JOHN STROGER JR. HOSPITAL.

I AM ON THE NEGOTIATION TEAM AND SERVE AS THE NATIONAL VICE PRESIDENT OF THE JOINT PRACTICE COMMISSIONERS FOR ONE OF THE LARGEST PROFESSIONAL NURSES ASSOCIATION IN AMERICA, NNOC/UNN.

THANK YOU FOR ALLOWING ME TO SPEAK ABOUT HOW WE, THE NURSES IN THE HEALTH CARE SYSTEM FEEL ABOUT YOUR INTENTIONS TO CLOSE THE ONLY SAFETY NET HOSPITALS FOR THE SOUTH SIDE RESIDENTS OF COOK COUNTY. THAT IS OAK FOREST AND PROVIDENT.

AS REGISTERED NURSES WE HAVE A PROFESSIONAL OBLIGATION AND RIGHT; TO ACT AS ADVOCATES FOR OUR PATIENTS AND THAT IS WHY WE ARE HERE TODAY.

PRESENTLY, AT JOHN STROGER HOSPITAL, THE SYSTEM IS ALREADY STRESSED OUT FOR SEVERAL REASONS.

FOR EXAMPLE: IT IS THE ONLY SAFETY NET HOSPITAL THAT THE INDIGENT AND THE UNDER-INSURED PATIENTS CAN GO FOR HEALTH CARE...AND THEY COME IN LARGE NUMBERS.

ANOTHER REASON... NOT-FOR-PROFIT HOSPITALS RECEIVE MILLIONS OF DOLLARS IN PROPERTY AND SALES TAX BREAKS FROM THE COUNTY BECAUSE THEY MADE PROMISES, THEN BROKE THOSE PROMISES, THEN REFERRED THE PATIENTS TO US AND KEPT THE MONEY.

ANOTHER REASON... WE AS NURSES SEE PATIENTS EVERYDAY OUTSIDE OF THE COUNTY. HOSPITALS AND CLINICS AS FAR AWAY AS LAKE AND DUPAGE COUNTIES SEND THEIR PATIENTS TO STROGER HOSPITAL WHERE CUTS HAVE ALREADY BEEN MADE AND THE HOSPITAL IS BARELY OPERATING USING LIMITED RESOURCES.

WRITTEN TESTIMONY

Dear Dr. Mason,

I would like to express my support for the continuous efforts of Mr. Foley, the CEO of our system, to implement into action the various elements of the strategic planning. I would like to take this opportunity to stress the importance of several of those components that may enable our system to deliver cost effective and high quality care combined with improved customer relations. Combination of these elements will lead to regional and national recognition that public system like ours may serve as national model for improved care and also be competitive in the medical market place.

The efforts of Mr. Foley to focus on customer services and relations by constructing parking space for patients and putting as a goal improvement of the waiting time in the various clinics might have a multiplier effects on the mindset of every member of the system involved with patients to change and improve their personal customer relations and see the patient as the goal and essence of our doing.

The efforts to develop a strong outpatient ambulatory presence throughout the system are an important step in recognition of the medical challenges that the population served by the CCHHS is facing. Chronic diseases like diabetes and its related metabolic and cardiovascular disorders are the main public health problems that are facing the nation at large and our system with its high risk population in particular. The efforts of Mr. Foley and his Leadership Team to build a strong primary care base supported by centers of excellence with their relevant expertise are the appropriate approach to tackle these chronic diseases. The strengthening of the current diabetes program, the further development of diabetes prevention program and the development of additional diabetes center of excellence in the Provident area may serve as example of how the chronic disease model can work effectively in our public health system.

Sincerely

Leon Fogelfeld, M.D
Head, Division of Endocrinology
John Stroger Hospital of Cook County
Rush University Medical Center
Endocrinology Fellowship Program Director
Phone: 312-864- 0539
Fax: 312-864- 9734
1900 W.Polk (room 811)
Chicago, IL 60612

J. Goodman, MD
dent
Chief Executive Officer

1653 West Congress Parkw
Chicago, Illinois 60612-3833

Tel 312.942.7073
Fax 312.942.2055
larry_j.goodman@rush.edu
www.rush.edu

RUSH UNIVERSITY
COLLEGE OF NURSING
RUSH MEDICAL COLLEGE
COLLEGE OF HEALTH SCIENCES
THE GRADUATE COLLEGE



July 9, 2010

The Honorable Jerry Butler
Chair, Health and Hospitals Committee
Cook County Board of Commissioners
Room 567
118 North Clark Street
Chicago, IL 60602

Dear Chairman Butler:

This letter is written in support of the Strategic Plan for the Cook County Health and Hospitals System. As you know, in addition to the long-standing affiliation agreement between Rush University Medical Center and the John H. Stroger, Jr. Hospital of Cook County, I have a personal interest in and a commitment to the Cook County Health and Hospitals System. During my years of service as the medical director of Cook County Hospital, I saw firsthand the tremendous commitment and skill of so many healthcare providers at Cook County Hospital. I also saw firsthand the significant needs of the patient population and the significant problems within the system. Over the years the partnership between Rush and County has led to, among other things, the development of the Ruth M. Rothstein CORE Center which manages approximately one-third of the HIV/AIDS patients in the Chicagoland community. This public-private partnership is something all of us at Rush are very proud to be a part of. I was honored to be asked by Senator Durbin and Todd Stroger to be on the external advisory group that evaluated the Cook County Bureau of Health Services and to present our findings to the Cook County Board of Commissioners. It is in the context of the above that I write this letter of support.

The Strategic Plan focuses on a vision for being recognized "as a progressively evolving model for an accessible, integrated, patient-centered, and fiscally responsible health care system focusing on assuring high quality care and improving the health of the residents of Cook County." All of us in health care are taking stock of our resources and the needs of the people we serve and preparing to evolve as those needs are changing and as resources are changing. Yesterday's models, even when well executed, will not likely be sufficient to solve tomorrow's problems. This requires rethinking how services are distributed, how people are trained, and how people access the health system itself. Further, as quality measurements become more and more a part of the accreditation process and more and more visible to the community at large, it is critical that each

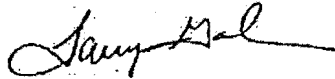
The Honorable Jerry Butler
July 9, 2010
Page 2

organization develop an infrastructure that can support the collection of data and the training necessary to drive important quality improvement initiatives.

Finally, the Strategic Plan recognizes that the Cook County Health and Hospitals System must develop partnerships. These partnerships have the potential to effectively reach additional underserved communities, improve the quality of care across the continuum of care, and provide access to high quality tertiary care medicine to individuals without forcing them to leave their community for preventive and primary care.

Rush has been proud to be a partner, and we look forward to being among the partner organizations that contribute to this vision of health care for our community.

Sincerely,

A handwritten signature in cursive script, appearing to read "Larry Goodman".

Larry J. Goodman, MD
President and Chief Executive Officer



A force for change. A source of hope.

200 West Jackson Blvd.
Suite 2200
Chicago, IL 60606

Tel. (312) 922-2322
Fax (312) 922-2916

July 9, 2010

The Honorable Jerry Butler
Chairman, Health and Hospitals Committee
Board of Commissioners of Cook County
118 N. Clark Street, Room 567
Chicago, IL 60602

RE: Written Testimony in Support of the Cook County Health and Hospitals System Strategic Plan

Dear Chairman Butler:

The AIDS Foundation of Chicago (AFC) congratulates the members of the Cook County Health and Hospitals System on completing the Vision 2015 strategic plan. AFC supports the goals of the strategic plan. The plan proposes thoughtful solutions to long-standing problems, such as geographic disparities in health care, the substantial unmet need for specialty care, the growing need for culturally competent care, and the long-term financial stability of the system.

The Health and Hospitals System is the pillar of the response to HIV/AIDS in Chicago, Cook County and the state of Illinois. The CORE Center alone serves over 5,000 patients a year, or just under one-quarter of the people diagnosed with HIV/AIDS in Cook County. Many more people with HIV receive care at other County facilities, including Cermak, Cottage Grove, Provident and Stroger, to name just a few. The strategic plan acknowledges this important role in HIV care.

Several provisions in the strategic plan will benefit people with HIV. First, creating comprehensive community health centers that will provide infectious disease and other specialty care will give people with HIV more choices to obtain care and increase the availability of specialty care. Establishing regional outpatient centers will be a major step towards meeting the need for specialty care in the community.

As the Health Systems Board moves forward with geographic realignments of clinics and changes to Provident and Oak Forest, we urge them to carefully consider the impact of any changes on HIV care providers both within and outside the County system.

Within the County system, several key units provide HIV care but don't have the same high profile as the CORE Center. They include:

- The Austin Health Center - CBC Initiative, which provides critical HIV primary care in Austin;
- The South Suburban HIV/AIDS Regional Coalition (SSHARC), which offers HIV care in the deeply underserved areas of South Suburbs at the Robbins, Woody Winston, and Cottage Grove clinics; and

The Hon. Jerry Butler
July 9, 2010
Page 2

- Provident Hospital, which offers a number of grant-funded HIV prevention programs targeted to at-risk populations.

These programs depend on the resources provided by the County facilities in which they are located, from receptionists and clerks to office space. Any changes to the environments in which they are housed should be made extraordinarily carefully and in consultation with HIV providers in a variety of settings, including FQHCs and community-based organizations.

We look forward to working with the members of the Board and the Cook County Board of Commissioners to implement these recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read "John Peller". The signature is fluid and cursive, with a long horizontal stroke at the end.

John Peller
Director of Government Relations

cc: Mr. Bill Foley



Family Christian Health Center

July 10, 2010

Reuben J. Pettiford
Chief Executive Officer

Board of Directors

Benjamin Garrett
President/Chairman

Jeffery Waddy
*Vice President/Vice
Chairman*

Marcus Swan
Vice President/Finance

Kimberly Russell
Secretary

Wendi Waddy
Assistant Secretary

Nancy Mast
Treasurer

Members at Large:

Rev. Dr. Jacqueline
Anderson

Daryl Crudup

Terry McAlister

Hon. Commissioner Jerry Butler
118 N. Clark Street, Suite 567
Chicago, IL 60602

Dear Commissioner Butler:

I am writing in support of the Cook County Health System's Strategic Direction. As a community health professional who has dedicated over 25 years to ensuring that everyone has access to accessible, affordable and quality healthcare regardless of ability to pay, I have thoroughly reviewed this well conceived, cutting edge plan and find it perfectly aligned with the principles and practices required to survive in this volatile health care reform environment. The plan is sustainable and cost effective and will allow one of the most prestigious public health systems in the country to thrive well into the future.

Today, strategic partnerships are more crucial than ever. We must find new and creative ways to collaborate if we are to truly reform the health of our country. As such, I was very pleased to learn that CCHHS will be working more closely with the Federally Qualified Health Centers to extend the provision of primary care services throughout Cook County. As you know, we treat the same patient population and by partnering we can create a system of care that will enhance the patient care experience by reducing costly duplication of services such as labs, x-rays etc. and by leveraging our collective resources so that CCHHS can support the projected 900,000 patient visits by 2015.

This is an exciting time to be in health care and I look forward to working closely with CCHHS to improve the health status of the residents of Cook County vision.

Sincerely,

31 West 155th Street • Harvey, Illinois 60426 • Phone (708) 596-5177 • Fax (708) 339-3583

The mission of Family Christian Health Center is to provide excellent health care to the community that communicates in word and deed the love and Gospel of Jesus Christ

Richard M. Jaffee
Chairman

1653 West Congress Parkway
Chicago, Illinois 60612-3833

Tel 312.942.6950
www.rush.edu

RUSH UNIVERSITY
COLLEGE OF NURSING
RUSH MEDICAL COLLEGE
COLLEGE OF HEALTH SCIENCES
THE GRADUATE COLLEGE



July 12, 2010

The Honorable Jerry Butler
Chair, Health and Hospitals Committee
Cook County Board of Commissioners
Room 567, 118 North Clark Street
Chicago, IL 60602

Dear Chairman Butler:

Subject: Letter in Support of Cook County Bureau of Health Strategic Plan

You will recall we met when I was a member of Larry Goodman's blue ribbon advisory committee. The committee was formed at the request of Sen. Durbin and was charged with reviewing the Cook County Bureau of Health. At that time, we met with a number of the County Commissioners. I was particularly impressed with the meeting we had with you. It was obvious that you had a strong and very sincere interest in not only preserving the County's health system, but doing all that could be done to improve the delivery of health services to its patients and the community that it serves.

I believe that much progress has been made since our initial meeting. The independent advisory board, the hiring of Bill Foley and now the development of a strategic plan for the County system are all important steps along the way to the strengthening of the system that we all desire.

I am writing this letter in my position as Chairman of the Board of Trustees of Rush University Medical Center. As you know and as Larry Goodman emphasized in his July 9 letter, the partnership between Rush and County is long, deep and important in serving our West Side community. The linkages between the two hospitals and their staffs are very important for a variety of reasons.

Consequently, the strength and health of the Stroger Hospital and the other components of the County Bureau of Health are of significant importance, not only to the city but to Rush as an institution.

I know from my more than 20 years experience on the Rush board and more than 50 years of business experience that three major elements are absolutely necessary to put an organization in a position to be successful. Those are the right strategy, careful implementation of that strategy and development of a management team to coordinate and implement the strategy.

While I have not been involved with any detail on the development of the strategic plan that the County Board is being asked to approve, I am assured by Larry that it has been thoughtfully developed and has most of the elements that I consider necessary to insure a successful implementation. I therefore strongly urge you and your fellow commissioners to approve the strategic plan when it comes before you in the coming days. Thank you for your attention.

Cordially yours,

A handwritten signature in cursive script that reads "Dick Jaffee". Below the name, there is a small, less legible signature that appears to be "ema".

Richard M. Jaffee

RMJ:ema



ALIVIO MEDICAL CENTER

An Active Presence for a Strong Community

Carmen Velásquez
Executive Director

July 13, 2010

OFFICERS

Teresa Fraga
President
Pisen Neighbors
Community Council
Treasurer

The Honorable Commissioner Jerry Butler
Chairman, Cook County Health & Hospitals System Committee
118 N. Clark Street, Suite 567
Chicago, IL 60602

Esther Corpuz
Vice President
MacNeal Hospital
Business Development
Director

Dear Commissioner Butler:

Wayne Muldrow
Treasurer
Northern Trust Company
Senior Attorney

Alivio Medical Center, a Federally Qualified Community Health Center fully supports the five-year strategic plan being presented to you. Alivio's model of care is comprehensive primary care, with a focus on prevention. Alivio is the medical home to over 25,000 patients who are Latino, immigrant, predominantly Mexican and undocumented.

Mary Lebold, Ed.D., RN
Secretary
Chicago Bilingual
Nurse Consortium
Executive Director

MEMBERS

Vincent Allocco, Ph.D.
El Valor
Executive Director

We are black, brown, white and vulnerable; many of us are poor, the immigrant; the undocumented; the homeless. We are fragile because we have been hit at the core of our most inner being. For many, not only do we not have a face, we do not have a name, we have no identity and many take the position that healthcare is not a basic human right.

Claudia Caballero
Community Member

Yours is the responsibility to support a strategic plan that will make a difference. The system that you oversee is considered a safety-net that delivers the best possible care for the vulnerable that is patient-centered and accessible to all!

Olga Lozano
Orozco Community Academy
SOHC Representative

Giacomo Mancuso
Consultant

Today, the Cook County Board will make one of its most important decisions impacting the daily lives of each person living in Cook County. Alivio Medical Center sees the Cook County Health and Hospitals System as a safety-net because of its provision of specialty care.

Peter Martinez
UIC
Center for School Leadership
Director

Martina Muñoz
Mujeres Deckidas
San Miguel Schools

Specialty care is the most challenging aspect of medical care for Alivio's patients. Today, the Alivio Cook County relationship permits Alivio patients both pediatric and adult to access care through the IRIS System. Cook County Hospital is the only safety-net hospital in the city which is providing services to patients of Cook County without reservation.

Alejandra
Perez-Tamayo, M.D., FACS
Mercy Hospital and
Medical Center
Surgery Department Chair

Blanca E. Rabiela
Cristo Rey Jesuit High School
Admissions Director

Efforts by the Cook County Health and Hospitals System are valued by all of us who strive to provide quality healthcare to our communities.

Laura Rodriguez
Realty 123, Inc.

Sincerely,

Socorro Velazquez
Dvorak Park Senior

Carmen Velásquez

Nancy Villafranca
National Museum
of Mexican Art
Education Programs Director

Carmen Velásquez
Founder and Executive Director

Chicago, Illinois
2355 South Western Avenue
966 West 21st Street
2400 South Marshall Boulevard
3120 South Kostner Avenue

Cicero, Illinois
4842 West Cermak Road

www.aliviomedicalcenter.org
(312) 829-6303 Phone
(312) 829-6375 Fax

NCLR
NATIONAL COUNCIL OF LA RAZA



John H. Stroger, Jr. Hospital of Cook County

Department of Obstetrics and Gynecology
1900 W. Polk Street, 5th Floor, Chicago, Illinois 60612
312.864.6000 • TDD 312.864.0100

Cook County Bureau of Health Services



July 14, 2010

To Cook County Health System Board

RE: Strategic Plan

I wanted to express my support for the recently presented strategic plan for the transformation of the Cook County Health System. I believe as a practicing clinician and the Program Director of the Stroger Obstetrics and Gynecology Residency, this plan will not only vastly improve access and delivery of healthcare, but also will significantly improve educating our young and gifted graduate physicians. I support making our health system the best public system in the nation...our patients deserve it!

Sincerely,

A handwritten signature in black ink, appearing to read "F. Abrego", is written over a circular stamp.

Fidel Abrego, MD, MBA
Residency Program Director
John H. Stroger Jr., Hospital of Cook County
Department of Obstetrics and Gynecology

